

**LIMIT 10 PER CLASS**

**RECEIPT # \_\_\_\_\_**

**TROY RECREATION DEPARTMENT'S  
2005**

**FIVE YEAR OLDS ONLY SWIM**

**Monday thru Thursday**

**11:00-11:30 a.m.**

**at Troy Aquatic Park**

**NOTE: The child must be five (5) years old at the time class is scheduled to begin.**

Swimmer's Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

(street)

Zip \_\_\_\_\_

(city)

E-Mail Address \_\_\_\_\_

Birthdate \_\_\_\_\_

Age \_\_\_\_\_

Allergic to any medication? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency call \_\_\_\_\_ Phone \_\_\_\_\_

(neighbor or relative)

**WAIVER AND RELEASE**

We, the undersigned being fully aware of the dangers inherent to the sport of swimming, do give permission for our son/daughter to participate in the above program. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injuries incurred by our child while participating in the Swim program.

Date \_\_\_\_\_ Signature \_\_\_\_\_

____SESSION I	<b>JUNE 20-30</b>	<b>(Registration Deadline: June 15)</b>
____SESSION II	<b>JULY 11-21</b>	<b>(Registration Deadline: July 6)</b>
____SESSION III	<b>JULY25-AUGUST 4</b>	<b>(Registration Deadline: July 20)</b>

**REGISTRATION FEE: \$15.00 \_\_\_\_ PAID**

**REFUND POLICY:** The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.